



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**CHARITABLE ORGANIZATIONS / SPONSORS
REGISTRATION APPLICATION**

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800
www.FreshFromFlorida.com • 850-410-3804 Fax

Make Check or Money Order
Payable to FDACS and remit
with application to:

FDACS
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. All fees are non-refundable.

Business Information

☒ New Application ☐ Renewal

CH

DTN

(as listed on the preprinted renewal application)

1. Legal Name of Organization:

Americans for Trump Inc

* Fictitious (DBA) Name:

N/A

If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.

Other Names Soliciting As:

N/A

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop):

1001 SE 6th Court

City:

Fort Lauderdale

State:

FL

Zip Code:

33304

Mailing Address (if different from above):

City:

State:

Zip Code:

3. Telephone Number:

Fax Number:

(561) 271-3908

()

Email Address for Organization:

Website:

aftrbroward@gmail.com

www.americans4trump.org

4. Registration Application Type: (ss. 496.404(1), 496.404(18), 496.404(25), F.S.)

☒ Charitable

☐ Charitable/Parent

☐ Sponsor

☐ Sponsor/Parent

5. Form of organization: (ss. 496.405(2) (f), F.S.)

☒ Corporation

☐ LLC

☐ Partnership

☐ Sole Proprietorship

☐ Other (please describe):

Date incorporated or legally established:

State:

04 / 30 / 2018

Florida

6. Federal Employer ID Number (s. 119.092, F.S.):

82-5411002

Org Code: 42 10 06 25 000

EO: A2

Object Code: 001133

\$10.00 - \$400.00

DTN/FAID: 3165318

19-05009485-0001

10.00 02/12/2019

Dep#991238

7. List all officers, directors, trustees, and principal salaried executive personnel: Exemptions from public records apply to certain personal information about current or former - law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers, guardians ad litem and their families. For a complete list of exemptions, see s. 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your residence address and phone number. (s. 498.405(2)(g)2, F.S., s. 498.405(d)(5), (6), F.S.) (attach additional sheets as necessary using the same format)

Name: <u>Scott Newmark</u> Title: <u>President</u> Street Address: <u>1001 SE 6th Court</u> City: <u>Fort Lauderdale</u> State: <u>FL</u> Zip Code: <u>33301</u> Telephone Number: <u>(561) 271-3908</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Carol Moroco</u> Title: <u>Vice President, Treasurer, Secretary</u> Street Address: <u>1001 SE 6th Court</u> City: <u>Fort Lauderdale</u> State: <u>FL</u> Zip Code: <u>33301</u> Telephone Number: <u>(954) 661-4547</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: <u>Jodi Sandak</u> Title: <u>Director</u> Street Address: <u>5243 Europa Drive O</u> City: <u>Boynton Beach</u> State: <u>FL</u> Zip Code: <u>33437</u> Telephone Number: <u>(305) 710-8521</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Dan Edmonds</u> Title: <u>Director</u> Street Address: <u>1123 NE 16th Court Unit A</u> City: <u>Fort Lauderdale</u> State: <u>FL</u> Zip Code: <u>33305</u> Telephone Number: <u>(954) 297-5456</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: <u>Frank J Sastre, JR</u> Title: <u>Director</u> Street Address: <u>242 Province Place</u> City: <u>Vero Beach</u> State: <u>FL</u> Zip Code: <u>32960</u> Telephone Number: <u>(772) 713-6411</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Michelle Terris</u> Title: <u>Director</u> Street Address: <u>620 Palm Blvd</u> City: <u>Weston</u> State: <u>FL</u> Zip Code: <u>33326</u> Telephone Number: <u>(954) 605-9297</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No
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7. List all officers, directors, trustees, and principal salaried executive personnel: Exemptions from public records apply to certain personal information about current or former - law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers, guardians ad litem and their families. For a complete list of exemptions, see s. 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your residence address and phone number. [s. 496.405(2)(g)2, F.S., s. 496.405(d)(5), (6), F.S.] (attach additional sheets as necessary using the same format)

<p>Name: <u>Frank D'Avanzo</u></p> <p>Title: <u>Director</u></p> <p>Street Address: <u>2224 N. 37th Ave</u></p> <p>City: <u>Hollywood</u></p> <p>State: <u>FL</u> Zip Code: <u>33021</u></p> <p>Telephone Number: <u>(754) 1246-3924</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Name: <u>Tracy Weintraub</u></p> <p>Title: <u>Director</u></p> <p>Street Address: <u>511 SE 5th Ave</u></p> <p>City: <u>Fort Lauderdale</u></p> <p>State: <u>FL</u> Zip Code: <u>33301</u></p> <p>Telephone Number: <u>(954) 850-9942</u> Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Name: <u>N/A</u></p> <p>Title: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Telephone Number: (____) _____ Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: <u>N/A</u></p> <p>Title: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Telephone Number: (____) _____ Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Name: <u>N/A</u></p> <p>Title: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Telephone Number: (____) _____ Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: <u>N/A</u></p> <p>Title: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Telephone Number: (____) _____ Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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8a. List all branch offices, chapters or affiliates located in the state of Florida. If you are a parent organization that submits a consolidated financial statement, you may skip Question 8a. and list your branches and affiliates on the Supplemental Consolidated Financial Statement on page 11. (attach additional sheets as necessary using the same format) [s. 496.405(2)(g)1, F.S.]

Name: N/A	Name: N/A
Street Address:	Street Address:
City:	City:
State: Zip Code:	State: Zip Code:
Telephone Number: ()	Telephone Number: ()
Email:	Email:

8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records. [s. 496.405(2)(g)1, F.S.]

Name: N/A	Title:
Address:	
City:	State: Zip Code:
Telephone Number: ()	Email:

9. List name of the individuals or officers who are in charge of any solicitation activities: [s. 496.405(2)(c), F.S.]

Name: Scott Newmark	Street Address: 1001 SE 6th Court, Fort Lauderdale, FL 33301	Telephone Number: 561-271-3908
Name:	Street Address:	Telephone Number:

Criminal History: ☐ Yes ☒ No

10. List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions: [s. 496.405(2)(g)5, F.S.]

Name: Scott Newmark	Street Address: 1001 SE 6th Court, Fort Lauderdale, FL 33301	Telephone Number: 561-271-3908
Name: Carol Morocco	Street Address: 1001 SE 6th Court, Fort Lauderdale, FL 33301	Telephone Number: 954-661-4547

Criminal History: ☐ Yes ☒ No

11. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 12 / 31
Month Day

12. Has your organization been granted tax exempt status by the Internal Revenue Service? (s. 496.405(2)(f), F.S.)

☐ Yes 501(c)_____ If yes, you must attach a copy of the tax exemption determination letter from the IRS.
(insert number)

☐ No

☒ Pending (tax exemption determination letter must be submitted with renewal or 30 days after receipt)

☐ Revoked

13. What is the purpose for which the organization is organized? (Briefly and concisely explain the purpose for which your organization was created. It is best to summarize this information in your own words. Use only the space provided.) (s. 496.405(2)(b), F.S.)

To educate and inform on the political process and to discuss current events

14. What is the purpose for which the contributions will be used? (Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.) (s. 496.405(2)(b), F.S.)

To pay the expenses of the Corporation; to assist us in fullfilling our goal; to educate and inform, by reimbursing guest speakers and others. In addition, helping us conduct dinner meetings and cover all reasonable operating expenses.

15. List major program activities: (Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.) (s. 496.405(2)(g)4, F.S.)

Present Public discussion groups, Forum Panels, lectures and other similar programs
Events with policy makers or other interested citizens to bring about civic
betterment and social improvement.

16. Does the charitable organization or sponsor employ a professional solicitor? (s. 496.405(2)(e), F.S.)

☐ Yes ☒ No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name:

N/A

Address:

City:

State:

Zip Code:

Telephone Number:

Florida Registration Number:

SS-

Dates of contract:

Beginning Date:

Month / Day / Year

End Date:

Month / Day / Year

17. Does the charitable organization or sponsor employ a professional fundraising consultant? (s. 496.405(2)(e), F.S.)

☐ Yes ☒ No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name:

N/A

Address:

City:

State:

Zip Code:

Telephone Number:

Florida Registration Number:

FC-

Dates of contract:

Beginning Date:

Month / Day / Year

End Date:

Month / Day / Year

18. Does the charitable organization or sponsor utilize a commercial co-venturer? [s. 496.405(2)(e), F.S.]

☐ Yes ☒ No

If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name:

N/A

Address:

City:

State:

Zip Code:

Telephone Number:

Dates of contract:

Beginning Date:

Month / Day / Year

End Date:

Month / Day / Year

NOTE: Any change to the responses provided to Questions 19-24 must be reported to the department within 10 days after the change occurs. [s. 496.405(1)(b), F.S.] The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at www.FreshFromFlorida.com.

19. Is this charitable organization/sponsor authorized by any other state to solicit contributions? [s. 496.405(2)(d)1, F.S.]

☐ Yes ☒ No

20. Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s. 496.420, Florida Statutes in any jurisdiction? (This is not common.) [s. 496.405(2)(d)4, F.S.]

☐ Yes ☒ No If yes, attach a copy of the agreement.

21. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(d)5, F.S.]

☐ Yes ☒ No

If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

N/A

Nature of offense:

Date:

Month / Day / Year

Court having jurisdiction:

Disposition of offense:

Date:

Month / Day / Year

Does this individual engage in solicitation activities? ☐ Yes ☐ No

22. Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.]

☐ Yes ☒ No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

N/A

Nature of offense:

Date:

Month Day Year

Court having jurisdiction:

Disposition of offense:

Date:

Month Day Year

Does this individual engage in solicitation activities? ☐ Yes ☒ No

23. Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

[s. 496.405(2)(d)2, (2)(d)7, F.S.]

☐ Yes ☒ No

If yes, please provide the following information for each individual (attach additional sheets as necessary using the same format).

Name:

N/A

Court issuing the injunction:

Date of injunction:

Month Day Year

24. Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

☐ Yes ☒ No If yes, please explain the reasons for the denial, suspension or revocation:

25. ☒ I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

26. Indicate the type of financial statement you are filing for the immediately preceding fiscal year ending

12/31/2018 [s. 496.405(2)(a), F.S.]

☐ Budget (newly formed organizations only)

☒ Department's financial statement form - See pages 8-10

☐ 990 and all attachments - See Item #26 of Instructions for completing the Financial Statement

☐ 990-EZ and Schedule O - See Item #26 of Instructions for completing the Financial Statement

☐ 180 Day Extension requested for financial statement only. (Failure to file a financial statement within the 180 days will result in an automatic suspension of your registration.) [s. 496.405(1)(d)2, F.S.]

27. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit

☐ Yes ☒ No

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

28. Answer the following: [s. 496.426, F.S.]

- a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

☐ Yes ☐ No

b. Total number of sponsor's members: _____

c. Total number of members actively employed as law enforcement or emergency service employees: _____

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): _____ %

CONTACT PERSON

29. Contact person for the charitable organization or sponsor:

Name:

Title:

Scott Newmark

President

Telephone Number:

Email Address:

(561) 271-3908

aftbroward@gmail.com

CERTIFICATION

I, Scott Newmark

am the

President

completing the application for

Americans For Trump Inc.

Name of Organization or Company

And further state as follows: (Please check all that apply)

- ☒ I have read the registration application and know the contents thereof; and
- ☒ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

[Signature]

Scott Newmark

2-7-19

Signature

Printed Name

Date

(561) 271-3908

aftbroward@gmail.com

Telephone Number

Email Address

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

Parent Organization Name

Americans For Trump Inc

CH #

(Renewals Only)

This form is required and may be reproduced to accommodate all affiliate locations. Additional pages may be attached if additional space is needed using the same format.

1. Name:

N/A

Street Address:

City:

State:

Zip Code:

Telephone Number:

()

Email:

Total contributions received in the name of Chapter, Branch or Affiliate

\$

Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate

\$

Total payments to Chapter, Branch or Affiliate

\$

2. Name:

N/A

Street Address:

City:

State:

Zip Code:

Telephone Number:

()

Email:

Total contributions received in the name of Chapter, Branch or Affiliate

\$

Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate

\$

Total payments to Chapter, Branch or Affiliate

\$

3. Name:

N/A

Street Address:

City:

State:

Zip Code:

Telephone Number:

()

Email:

Total contributions received in the name of Chapter, Branch or Affiliate

\$

Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate

\$

Total payments to Chapter, Branch or Affiliate

\$

Americans For Trump Inc. Conflict of Interest Policy**Article I****Purpose**

The purpose of the conflict of interest policy is to protect this organization's (Americans For Trump Inc.) interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II**Definitions****1. Interested Person**

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
- b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that aren't substantial.

A financial interest isn't necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Article III**Procedures****1. Duty to Disclose**

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

- a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

- b. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement isn't reasonably possible under circumstance not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV

Records of Proceedings

The minutes of the governing board and all committees with board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V

Compensation

- a. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who received compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI
Annual Statements

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Organization is charitable and in order to receive and thereafter maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Article VII
Periodic Reviews

To ensure the Organization operates in a manner consistent with charitable purposes and doesn't engage in activities that could jeopardize its tax exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and don't result in inurement, impermissible private benefit, or in an excess benefit transaction.

Article VIII
Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

January 26, 2019

Acknowledgement of Review and Agreement to Comply with Americans For Trump Inc. Conflict of Interest Policy

By:

Date:



Scott M Newmark, President

1-27-19



Carol Moroco, VP, S, T

1-27-19



Frank D'Avanzo, Director

1-27-19



Dan Edmonds, Director

1-27-19



Jodi Sandak, Director

1-27-19

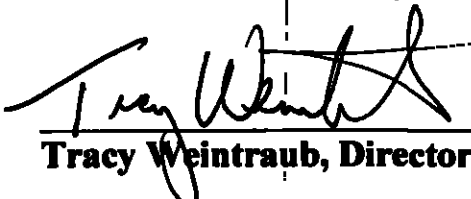
See attached

Frank Sosta, Jr.



Michelle Lubin Terris, Director

1/27/19



Tracy Weintraub, Director

1/27/19

Jodi Sandak, Director

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FRANK SOSTA Jr

Frank Sosta, Jr., Director

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Michelle Lubin Terris, Director

Tracy Weintraub, Director